

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF COMMUNITY AFFAIRS
HOME Investment Partnerships Program

1800 Third Street, Suite 390-3
P. O. Box 952054
Sacramento, CA 94252-2054
(916) 322-0356
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June 10, 2003

TO: All HOME Contractors

FROM: Wayne Walker
HOME Section Chief

SUBJECT: **2002/2003 HUD Annual Performance Report**

Enclosed please find the Annual Performance Reporting (APR) forms from the State HOME Program. The U.S. Department of Housing and Urban Development (HUD) requires all recipients of State HOME awards to submit an APR form to document any activity that occurred during the reporting period of **July 1, 2002 through June 30, 2003**.

The first page of the report contains specific guidance concerning which attachments you will have to complete, based on the type of activity you engaged in during the reporting period. In most cases, you will aggregate the total data for all of your standard agreements in completing the required attachments. However, Attachments E and G (Match Report and Section 3 Report) are exceptions to this, requiring you to fill out a separate form for each standard agreement that you have with the State HOME Program.

You are required to complete and return at least the first page of the report and the new audit certification, Attachment H, Compliance with OMB Circular A-133, even if there is no more activity in your contract for the reporting period (e.g., because your contract had expired) and even if you did not receive or disburse any program income. The Department shall apply performance penalties during rating and ranking of your next application for late and non-submitted reports.

The APR forms must be received in our office by **Thursday, July 31, 2003** except for the Section 3 Report, which must be received in our office by August 15, 2003. Please send forms to the following address:

Department of Housing and Community Development (HCD)
Division of Community Affairs
HOME Program, Mail Station 390-3
Attn: Barbara Tillman
P.O. Box 952054
Sacramento, CA 94252-2054
Fax: (916) 322-2904

If you have any questions, please contact your HOME representative.

Enclosures

State of California HOME Annual Performance Report (HOME-7)

This report is for the period: July 1, 2002 to June 30, 2003	Date Submitted:
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1. Name of the State Recipient or CHDO:	2. Name of Administrative Subcontractor, if any:	3. Name of Person Completing this Report:	
4. Street Address of the State Recipient or CHDO:	5. City:	6. State:	7. Zip:
8. Contact's Phone Number (include area code):	9. Signature of person who completed this report:	10. List all HOME Standard Agreement #'s	

Please answer the questions in the first column of the table below. Depending on your answers, please complete the required attachments (indicated by an "X"). It is likely you will answer "yes" to more than one question; in that case, complete **all** the attachments for questions to which you answered "yes". **YOU MUST FILL OUT AND RETURN AT LEAST THIS PAGE.**

HOME Contractors who, during the reporting period, July 1, 2002 to June 30, 2003, ...	Attachment A Program Income	Attachment B MBE/WBE Report	Attachment C Minority Owners	Attachment D Relocation	Attachment E Match	Attachment F Household Assisted	Attachment G Section 3	Attachment H Audit
Entered into any contracts, such as with Administrative Contractor or General Contractor? ____ Yes ____ No. If Yes, fill out the indicated pages.		X					X	X
Requested disbursement of HOME Funds on an existing loan? ____ Yes ____ No. If Yes, fill out the indicated pages.		X			X		X	X
Filed any project completion reports? ____ Yes ____ No. If Yes, fill out the indicated pages.		X	X		X	X	X	X
Received or disbursed any Program Income? ____ Yes ____ No. If Yes, fill out the indicated pages.	X	X						X
Assisted the acquisition of property or an activity requiring tenant relocation? ____ Yes ____ No. If Yes, fill out the indicated pages.				X				X

Attachment A

PROGRAM INCOME REPORTING FOR HOUSEHOLD CHARACTERISTICS

List every unit assisted **solely** with State HOME Program Income funds during the 2002-2003 reporting period (**do not list units or projects assisted with both HOME Program Income and a new HOME award.**)

In the first column, list the amount of HOME Program Income used to assist each unit and the address of the unit.

Include Program Income generated from HOME-like match projects. Under the "Monthly Rent" column, the Subsidy Amount refers only to tenant based rental assistance.

Address and Program Income (PI) Amount for each unit	No. of Bedrooms	Occupancy	Monthly Rent (Include Tenant Paid Utilities)			Household Data					
			Tenant Contribution	Subsidy Amount	Total Rent	Monthly Gross Income	% of Area Median	Race/Ethnicity of Head of Household	Size of Household	Type of Household	Rental Assistance
	0 - 0 bdrm 1 - 1 bdrm 2 - 2 bdrm 3 - 3 bdrm 4 - 4 bdrm 5 - 5 bdrm or more bdrms	1 - Tenant 2 - Owner 9 - Vacant					1 - 0-30% 2 - 30-50% 3 - 50-60% 4 - 60-80% 9 - Vacant	1 - White (non-Hispanic) 2 - Black (non-Hispanic) 3 - Native Amer. 4 - Asian/Pacific Islander 5 - Hispanic (all races) 9 - Vacant Unit	1 - 1 Person 2 - 2 Persons 3 - 3 Persons 4 - 4 Persons 5 - 5 Persons 6 - 6 Persons 7 - 7 Persons 8 - 8 or more Persons 9 - Vacant	1 - Single/ non-Elderly 2 - Elderly 3 - Related/ Single Parent 4 - Related/ Two Parent 5 - Other 9 - Vacant	1 - Section 8 2 - HOME TBA 3 - Other 4 - No Assistance 5 - Vacant
PI Amount:											
PI Amount:											
PI Amount:											
PI Amount:											

Attachment B

Minority Business Enterprise (MBE) and Women Business Enterprises (WBE) Report Contract and Subcontract Activity - Program Year 2002/03

State Recipient or CHDO: _____

Phone Number (Including Area Code): _____

Name of Contact Person: _____

Reporting Period: July 1, 2002 - June 30, 2003

Standard Agreement	Amount of Contract or Subcontract	Type of Trade Code (See below)	Contractor or Subcontractor Business Racial/Ethnic Code (See below)	Women Owned Business (Yes or No)	Contractor or Sub-Contractor (C or S)	Contractor/Subcontractor Name and Address				
						Name	Street	City	State	Zip Code

Type of Trade Codes:

Housing/Public Housing

1 = New Construction

2 = Substantial Rehab.

3 = Repair

4 = Service

5 = Project Management

6 = Professional

7 = Tenant Services

8 = Education/Training

9 = Arch./Engrg. Appraisal

0 = Other

Racial Ethnic Codes:

1 = White Americans

2 = Black Americans

3 = Native Americans

4 = Hispanic Americans

5 = Asian/Pacific Americans

6 = Hasidic Jews

Attachment C

Minority Owners of Rental Property-- Program Year 2002/03

Based on project completion reports filed from July 1, 2002 to June 30, 2003, indicate the number and ethnicity of rental property owners you assisted and the amount of HOME funding invested in the property.						
	Property Owners, by Ethnic Group					
	Total	Hispanic	Non-Hispanic		Native American	Asian / Pacific Islander
			White	Black		
Number of Rental Property Owners						
HOME funding	\$	\$	\$	\$	\$	\$

Attachment D

Relocation and Real Property Acquisition--Program Year 2002/03

In Table I, please provide the following information **for any properties you acquired or for which you provided HOME funding** to another organization for the purpose of acquiring the cost for relocation of displaced businesses, non-profits and temporary relocation of households. In Table II, provide information on any households displaced due to HOME-funded activity. Data provided should reflect only acquisitions and displacements that occurred between 7/1/02 and 6/30/03.

Table I

	Number	Cost
Properties Acquired		\$
Businesses Displaced		\$
Nonprofit Organizations Displaced		\$
Households Temporarily Relocated, Not Displaced		\$

Table II

Households Displaced by Ethnic Group						
	Total	Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	White Non-Hispanic
Number of Households Displaced						
Relocation Costs	\$	\$	\$	\$	\$	\$

Attachment E

Instructions for Preparing Match Log

Please attach your own match log to the match log summary you will complete on the next page. If you do not have a match log, you will need to provide match data for each project individually, including project number and the date of the match contribution, on the match log form (the next page), rather than aggregating data by standard agreement.

Following is a listing of types of match that are comprised within each column heading.

Cash from non-federal sources: Includes below-market interest rate loans from redevelopment agencies or private lending institutions; grants or deferred payment loans from state or local government; housing trust funds; foundation grants and private donations.

Foregone taxes, fees and charges: Includes property taxes, transfer taxes, state tax credits, permit fees, recording fees and impact fees.

Value of donated land or other real property: Includes selling property demonstrably below market value for use in an affordable housing project.

Directly required on-site and off-site infrastructure: Includes cost of infrastructure directly related to a HOME-assisted project, and must have been completed no earlier than 12 months before HOME funds were committed to a HOME-assisted project.

Value of site preparation, construction materials, donated labor or professional services, including value of “sweat equity: Includes donated use of site preparation and construction equipment.

Applicable amount of bond financing: For single-family (1-4 units), 25% of the face value of certain loans, such as CHFA or Rural Gold, made for HOME-assisted or HOME like projects can be credited as match. For multifamily (5+ units), 50% of the face value of these loans made for HOME-assisted or HOME like projects can be credited as match.

Direct cost of social services provided to HOME-assisted families: Includes the cost of supportive services provided to families who live in HOME-assisted units during the period of affordability or to recipients of HOME-funded tenant-based rental assistance. Services must be necessary to facilitate independent living or be required as part of a self-sufficiency program. Costs eligible for match are limited to salary costs (including benefits) and cost of materials directly related to providing these services (e.g., food, medical supplies), but overhead costs are not eligible sources of match.

HOME Match Report

Standard Agreement # _____

This report requires information on the amount of match contributed for the July 1, 2002 through June 30, 2003 reporting period.

Please fill out one copy of this form for each active standard agreement, and note the standard agreement number above.

1. Amount of HOME activity funds (excluding administrative funds) requested during a match waiver period that occurred during the reporting period: _____
2. Amount of HOME activity funds (excluding administrative funds) requested outside a HOME match waiver but during the reporting period: _____
3. Match identified in all drawdown requests that you submitted during the reporting period: _____
This number should be equal to the total match you identify on the next page (the Match log).

Attachment E

Match Report Log

Fill in the following information for all HOME Matching funds that you identified in all drawdown requests that you submitted from **July 1, 2002 to June 30, 2003**. Please aggregate all matching funds by standard agreement number. Matching funds cannot come from federal sources, cannot be owner equity (except for sweat equity) and cannot require repayment other than to a HOME re-use account.

HOME Standard Agreement #, or indicate if match was generated by a HOME-like match project	Type of Match							Total Match (add all columns)
	Cash from non-federal sources, including grant equivalent of below-market interest rate loans	Foregone Taxes, Fees, Charges including State Tax Credits*	Value of Donated Land/Real Property	Directly Required Infrastructure*	Value of Site Preparation, Construction Materials, Donated Labor or Professional Services, including Value of "Sweat" Equity	Applicable amount of Bond Financing	Direct Cost of Social Services Provided to HOME Assisted Families*	

* These types of match may only be used for HOME projects, not for HOME-like match projects.

Attachment F

Summary of Households Assisted

Please fill out this table with household information for all HOME-assisted units for which you filed a project completion report during the July 1, 2002 to June 30, 2003 reporting period.

Priority Need Category	Number of Households Assisted
Renters	
0--30% of area median family income	
31--50% of area median family income	
51--80% of area median family income	
Total	
Owners	
0-30% of area median family income	
31-50% of area median family income	
51-80% of area median family income	
Total	
Homeless	
Individuals	
Families	
Total	
Non-Homeless Special Needs	
Total Households Assisted (sum of total renters, owners, homeless and non-homeless special needs)	

Ethnicity of Households	Number of Households Assisted
Hispanic	
Non-Hispanic	
White	
Black	
Native American	
Asian/Pacific	
Other	
Total Households Assisted	

Section 3 Report

Instructions

- State Recipients and CHDOs must complete a separate Section 3 Report for each active HOME award they have received in which HOME funding is being used for new construction or rehabilitation. Thus, if a State Recipient has two active standard agreements with HOME, it is required to submit two Section 3 reports for the July 1, 2002 to June 30, 2003 reporting period.
- In addition, if State Recipients or CHDOs entered into any contracts exceeding \$100,000 during the reporting period (including making loans to non-profit or for-profit developers or owners), those entities must also fill out a Section 3 Report for each contract they received.
- If a subcontractor to the State Recipient or CHDO awarded subcontracts exceeding \$100,000 on a HOME-funded project during the reporting period, then these subcontractors are also required to fill out a Section 3 report. State Recipients and CHDOs must make copies of this form and distribute the form to each subcontractor who has a subcontract of over \$100,000.

Typical Example:

A CHDO receives a HOME award for construction of a rental project. The CHDO contracts with a general contractor. The general contractor enters into a contract of \$200,000 for plumbing. The CHDO, the general contractor and the plumber are all required to complete a Section 3 report.

- State Recipients and CHDOs must make sure they receive Section 3 reports back from their contractors within sufficient time to return the reports to HCD by the deadline.

Specific instructions on completing the form are below:

Part I: Employment and Training Opportunities

If the HOME-funded construction or rehabilitation activity resulted in hiring any new employees by HOME contractors or sub-contractors during the July 1, 2002 to June 30, 2003 reporting period, then the State Recipient, CHDO, or contractor must indicate whether any of these new hires were Section 3 residents. **Section 3 residents are defined as low- and very low-income persons who live in the community where the housing is being built or rehabbed.** In addition, the total number of Section 3 employees and their ethnicity must be provided. Only count new hires and existing employees who work full-time.

Column A: Job Category – Professionals are defined as people who have special knowledge of an occupation (i.e., supervisors, architects, surveyors, planners, and computer programmers). For construction positions, list each trade separately.

Columns B-F: Follow the instructions as indicated.

Attachment G

Part II: Contracts Awarded

Indicate whether any contracts awarded on the HOME-funded construction or rehabilitation activity during the reporting year were awarded to Section 3 businesses. **A Section 3 business is defined as:**

- 1) a business in which is at least 51% owned by Section 3 residents; or
- 2) a business in which at least 30% of its permanent full-time work force consists of Section 3 residents, or people who within 3 years of their first employment with the business had been Section 3 residents; or
- 3) a business that provides evidence of a commitment to subcontract in excess of 25% of the amount of all subcontracts to Section 3 businesses that meet the requirements of either 1 or 2 above.

A. Construction Contracts:

1. Enter the total dollar amount of **all** contracts awarded during the reporting period by the entity completing the form, including contracts of less than \$100,000.
2. Enter the total dollar amount of contracts, including those of less than \$100,000, awarded to Section 3 businesses during the reporting period by the entity completing the form.
3. Enter the percentage of the total dollar amount of contracts awarded to Section 3 businesses (line 2 divided by line 1).
4. Enter the total number of Section 3 businesses receiving contracts during the reporting period.

B. Non-Construction Contracts:

1. Enter the total dollar amount of all non-construction contracts awarded during the reporting period by the entity completing the form, including contracts of less than \$100,000.
2. Enter the total dollar amount of non-construction contracts awarded to Section 3 businesses during the reporting period, including contracts of less than \$100,000.
3. Enter the percentage of the total dollar amount of non-construction contracts awarded to Section 3 businesses (line 2 divided by line 1).
4. Enter the total number of Section 3 businesses receiving non-construction contracts during the reporting period.

SECTION 3 REPORT for Period 7/1/02 to 6/30/03

CHDO or State Recipient Name: _____

HOME Standard Agreement Number: _____ Total HOME Contract Amount: _____

- **Was this contract still open (not 100% expended on July 1, 2002)?** ____ Yes ____ No. If you answer no, you do not need to complete the rest of this form. Just send back this page.

Does this contract fund:

_____ First-Time Homebuyer Acquisition Only Program

_____ Tenant-Based Rental Assistance Only

(If you are funding only the above activities, you don't need to complete the rest of this form.)

Does this contract fund:

_____ First-Time Homebuyer Acquisition and Rehab Program

_____ A single-family or multi-family new construction or rehabilitation project

_____ Owner-occupied rehabilitation

_____ Rental Rehabilitation Program

(If you are funding any of these activities, you must complete all 3 pages of the Sec. 3 form.)

During the reporting period (7/1/02 to 6/30/03), did you enter into any contracts funded in part or in whole with this HOME award or make any loans to developers? ____ Yes ____ No

If yes, list the names of the businesses with whom you entered into contracts or made loans and the amount of those contracts below. Attach an additional page if necessary.

Contractor	Contract Amount
------------	-----------------

Contractor	Contract Amount
------------	-----------------

If any of these contracts were for amounts over \$100,000, you must make copies of the next 2 pages for each of these contractors. Prior to providing these pages to your contractors, fill in the name of the CHDO or State Recipient, HOME standard agreement number, contractor's business name and the amount of the contractor's contract with you. These contractors must fill out the next 2 pages and return them to you. If your contractor entered into contracts of over \$100,000 with a subcontractor, that subcontractor will have to complete the next 2 pages also.

Please be aware that even if **you** did not enter into any contracts during the 2002-2003 reporting period, you are still required to ascertain whether **your contractors** entered into any contracts during this reporting period. Remember that you do not need to report on contracts entered into **before** July 1, 2002 unless you or your contractors hired additional employees during the 2002-03 reporting period.

Even if you did not enter into any contracts over \$100,000 during the reporting period, bear in mind that you still have to report contracts of less than \$100,000 under section II of this form.

Attachment G

SECTION 3 REPORT for Period 7/1/02 to 6/30/03

1. CHDO or State Recipient Name: _____ HOME Standard Agreement #: _____
Is this form for the above named entity? ____ yes ____ no **If yes, do not answer #2 or #3.**

2. Contractor: _____ Contract Amount _____
Is this form for the above named entity? ____ yes ____ no **If yes, do not answer #3.**

3. Subcontractor _____ Contract Amount _____
Is this form for the above named entity? ____ yes ____ no

4. Person Completing this Form, Organization Name and Phone: _____

I. Employment and Training

Please complete both sides.

A. Job Category	B. Number of New Hires	C. Number of New Hires that are Section 3 Residents	D. % of Aggregate Number Staff Hours of New Hires that are Section 3 Residents	E. % of Total Staff Hours for Section 3 Employees and Trainees	F. Number of Section 3 Employees & Trainees				
					1	2	3	4	5
Professionals									
Technicians									
Office/clerical									
Construction by trade (list):									
Trade:									
Trade:									
Trade:									
Trade:									
Trade:									
Trade:									
Other (list):									
Other (list):									

SECTION 3 REPORT for Period 7/1/02to 6/30/03

II. Contracts Awarded

A. Construction contracts:

1. Total dollar amount of all contracts awarded **by the entity completing this form**:
\$_____. (Include **all** contracts, even if they are for amounts less than \$100,000).
2. Total dollar amount of contracts awarded to Section 3 businesses:
\$_____.
3. Percentage of total dollar amount that was awarded to Section 3 businesses: _____ %
4. Total number of Section 3 businesses receiving contracts: _____

B. Non-construction contracts:

1. Total dollar amount of all non-construction contracts awarded **by the entity completing this form**: \$_____. (Include **all** contracts, even if they are for amounts less than \$100,000).
2. Total dollar amount of non-construction contracts awarded to Section 3 business(es):
\$_____.
3. Percentage of total dollar amount that was awarded to Section 3 business(es): _____ %.
4. Total number of Section 3 businesses receiving non-construction contracts: _____

III. Summary of Efforts Made

Indicate the efforts made by **the entity completing this form** to direct the employment and other economic opportunities generated by the HOME award toward low- and very low-income persons, particularly those who are recipients of government assistance for housing. **Check all that apply:**

- _____ Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contacts with community organizations and public or private agencies operating within the metropolitan area (or non-metropolitan county) in which the Section 3 covered program or project is located, or similar methods.
- _____ Participated in a HUD program or other program which promotes the training or employment of Section 3 residents.
- _____ Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.
- _____ Coordinated with the Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located.
- _____ Other, as described: _____

ATTACHMENT H

COMPLIANCE WITH OMB CIRCULAR A-133

Office of Management and Budgets (OMB) Circular A-133 is issued pursuant to the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. It sets forth the standards for obtaining consistency and uniformity among Federal agencies for the audit of states, local governments, and non-profit organizations expending Federal awards. Cities and counties not exempted from the requirements of OMB Circular A-133 must submit their audits to the State Controller. Non-profit organizations not exempted must submit their audits to the California Department of Housing and Community Development.

Pursuant to the requirements of OMB Circular A-133, please check the appropriate box(s) and certify at the bottom of the page:

- ☐ The _____ (name of entity) has expended more than \$300,000 in Federal funds in fiscal year 2002/2003 and is required to conduct a single audit or program specific audit for this year in accordance with the provisions of OMB Circular A-133.
- ☐ The audit has been completed and has been submitted to the appropriate control agency.
- ☐ The audit has not been completed. It is anticipated that the audit will be completed and submitted to the appropriate control agency by: _____ (date).
- ☐ The _____ (name of entity) has expended less than \$300,000 in federal funds in fiscal year 2002/2003 and is exempt from the requirements of OMB Circular A-133. Non-Federal entities that expend less than \$300,000 a year in Federal awards are exempt from Federal audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and the General Accounting Office.

I certify on behalf of _____, (name of entity) that the above is a true and accurate statement.

(Printed name and title)

(Signature)

(Date signed)